

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # L60750

1. Entity Name
GREAT BEGINNINGS PRE SCHOOL OF TAMPA, INC.



Principal Place of Business
**C/O ANITA A. SANCHEZ
4003 MANHATTAN AVENUE
TAMPA, FL 33611**

Mailing Address
**C/O ANITA A. SANCHEZ
4003 MANHATTAN AVENUE
TAMPA, FL 33611**



02122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3006412

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAURER, ANITA A
4003 MANHATTAN AVENUE
TAMPA, FL 33611**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MAURER, ANITA A 403-B S. WILLOW AV. TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAURER, ANGELA S 5400 NW 39TH AVE #BB261 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRIAN, SANCHEZ T 4314 BARCELONA ST. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/04/05-80043-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anita A. Maurer Anita A. Maurer 3-31-05 (813) 835-4591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #